



Stone Lake PTO Reimbursement Request

Please complete all information requested in the form below. Attach a copy of all receipts and/or other applicable supporting documentation (i.e, purchase orders, contracts, etc.).

Date: _____

Requester's Name: _____

Amount \$: _____

Pay to: _____

Mailing Address: _____

Purpose of Funds Being Reimbursed (be specific):

Please e-mail completed form and all associated attachments to treasurer@stonelakepto.org.

PLEASE NOTE: Submitting the form electronically (via e-mail) signifies your confirmation that the information provided on this form and included on any attachments is valid.

For PTO Treasurer's Use Only

PTO Officer Approval:

Funding Category:

Included in Budget

Approved at Meeting on:

Check Number:

Date: